

The "Sacramento Society for Medical Improvement" is the original name of the component county unit representing Sacramento County, and because of the traditions attached, the county society has been permitted to retain the original name.

When the history of medicine in California is some day written, it will be found that the members of the medical profession who were in practice at Sacramento had a most powerful influence in the development of scientific and of organized medicine in the State. For instance, it was the foresight of members of the profession of that city that made it possible for the State of California, in its early days as a commonwealth, to have one of the first State Boards of Health in the United States.

The brief summary of achievements of some of our former Sacramento colleagues, as printed on the menu card, follows:

SOME SACRAMENTO MEDICAL HISTORY

1. The first medical society in the West was organized May 5, 1850. It soon passed out of existence. Two or three other attempts were made to establish a permanent organization. Our present society was established March 17, 1868. It is sixty-five years old tonight.
2. During the cholera epidemic in 1850, Sacramento lost by death about eight hundred of its residents. Seventeen physicians gave their lives in this epidemic.
3. The first City Board of Health in the United States was organized in Boston. The second in Sacramento, March 22, 1862.
4. The first successful appendix operation in the West was performed by Dr. Thomas Huntington of Sacramento.
5. One of the earliest splenectomies in the West was performed by Dr. G. L. Simmons.
6. The first surgical electromagnet in Sacramento was brought here by Dr. W. E. Briggs. In 1881 Doctor Briggs removed a piece of steel from a human eye. The first on the Pacific Coast.
7. The first static x-ray machine in Sacramento was brought here by Dr. F. G. Fay.
8. The first Coolidge x-ray tube was brought to Sacramento and used by Dr. Wallace A. Briggs.
9. The first prophylactic diphtheria antitoxin given in America was given by Dr. A. M. Henderson of Sacramento.
10. The first railroad hospital in the world was built in Sacramento.
11. Sacramento gave two doctors to the Spanish-American War—Drs. W. J. Hanna and G. Parker Dillon.
12. Sacramento has given four presidents to the State Medical Society—Drs. Ross, Huntington, Parkinson, and Junius B. Harris.
13. The Sisters Hospital acquired the Ridge Home, 1895.
14. The Sutter Hospital opened December 3, 1923.
15. The new Sisters Hospital opened February 11, 1925.
16. About twenty-five Sacramento doctors served in the World War.
17. Dr. Louis H. Braafladt originated the Kaolin treatment of cholera in the Orient. His work brought him international fame. He passed away in Sacramento in 1933.

"The skill of the Physician shall lift up his head, and in the sight of great men he shall be praised."

Ecclesiasticus

THE ALAMEDA HEALTH INSURANCE EXPOSÉ

After the copy for the April CALIFORNIA AND WESTERN MEDICINE had been sent to the printer, the editor received, through the courtesy of Dr. Charles B. Pinkham, Secretary of the Board of Medical Examiners of the State of California, a file of newspaper clippings on the exposé of certain "health insurance" organizations in Alameda County, as instituted by the Grand Jury and District Attorney Earl Warren of that county. Mention was made of the revelations in the March CALIFORNIA AND WESTERN MEDICINE, pages 196 and 215.

The activities of some of these nefarious "health insurance" organizations have long been a stench in the nostrils of honest citizens, and it is pleasing to know that at last one or two state insurance and corporation laws are to be put into force in an effort to stop the fleecing of innocent citizens by some of these grafting organizations. Reputable hospitals operating strictly as such are not involved, and any such hospitals desiring to furnish hospitalization on a periodic or premium payment basis will necessarily be required to conform to the ruling of the Attorney General.

In the meantime the department of the State Insurance Commissioner and the district attorneys of the different counties, especially those which include the larger cities of California—where most of the off-color "health insurance" organizations thrive—may well make surveys of local conditions. The Board of Medical Examiners of the State of California will render all possible aid. Every county medical society should instruct its officers and proper committees to make a study and report on local conditions, sending copies of such reports to the central office of the Association and to the Board of Medical Examiners. Such coöperation will be appreciated.

Readers of CALIFORNIA AND WESTERN MEDICINE who wish—because of its relation to important medico-economic and social forces—to learn more of what recently took place in Alameda and San Francisco counties, are referred to the Miscellaneous department of this issue, where several newspaper clippings of recent proceedings are reprinted. (See page 317).

STATE HOSPITALIZATION

Something by a Different Name.—The Bakersfield *Californian* recently printed an item concerning an address which Supervisor Abel of Kern County is scheduled to deliver at the May meeting of the State Supervisorial Association. Members of the California Medical Association are somewhat familiar with the unrest that, for several years, has existed in Kern County circles because of some of the activities and procedures which have been carried on at the Kern County Hospital. The news item reprinted below, therefore, may be worthy of perusal. The manner in which Supervisor Abel develops his thesis at the May meeting of the county supervisors of California should also be of interest.

Item follows:

SUPERVISOR TO SPEAK ON HOSPITAL POLICIES

Supervisor Stanley Abel, Secretary of the State Supervisorial Association, has been asked to address the state supervisors' convention at Santa Cruz in May on the subject of "State Hospitalization."

Supervisor Abel said here he will take the stand in his address that patients needing operations, those who are ill and in need of medical attention, should be required to pay on a basis of their ability to pay and not on a basis of arbitrary costs.

He said further he will take the stand that county and state hospitals should be available to everyone, and their facilities should not be withheld and limited to a restricted class. He declared he was opposed in principle to state medicine, believing every man should have a right to select his own doctor, but favored state hospitalization in which hospital facilities would be made available to everyone on a basis of ability to pay.

EDITORIAL COMMENT*

SYMPTOM-FREE JENNERIAN VACCINATION

The substitution of test-tube virus for routine calf lymph in smallpox vaccination is currently advocated by Doctors Rivers and Ward¹ of the Rockefeller Institute. Their "cultivation virus" is free from bacterial contamination, can be used without the addition of chemical antiseptics, and allegedly causes such mild local and systemic reactions as to remove many of the popular objections to vaccination. Moreover, test-tube vaccinia is apparently qualitatively identical with the Board of Health virus.

Artificial cultivation of vaccinia was first accomplished, about twenty years ago, by Doctors Steinhardt, Israeli, and Lambert,² of New York City, who found that this filterable agent multiplies (or is multiplied) in the presence of viable tissue fragments suspended in homologous plasma. This discovery was of main interest, at the time, in throwing light on the probable nature of this ultramicroscopic infectious unit. It suggested, for example, that the infectious particle is probably not a fully autonomous microbic cell, but should be likened to a pathogenic enzyme or infectious hormone capable of symbiotic proliferating with the aid of viable histological units.

The Steinhardt cover-glass technique was afterward modified so as to make possible large scale cultivation of this virus. In the final technique thus far developed by the New York investigators, minced chick embryo suspended in Tyrode's solution is the routine culture medium. If transfers to fresh flasks of embryonic tissue suspension are made at intervals of four to five days, the virus can be propagated indefinitely. A gradual reduc-

tion in its anti-rabbit virulence, however, is noted in successive transplants, the infectious agent becoming practically avirulent by the ninetieth serial transfer. At any stage of this deterioration, however, the virus can be restored to its original anti-rabbit virulence by testicular inoculation.

With various artificial cultures of this type, including virulent, practically avirulent and "revived" strains, over a hundred children thus far have been vaccinated by the New York investigators, 90 per cent of whom gave positive local pustular reactions. The local reactions, however, were invariably milder than those caused by the routine calf-lymph virus. The children had no fever, and no other recognizable toxic or allergic symptoms.

The prophylactic value of the Rivers-Ward cultivation virus is deduced from the fact that all children successfully vaccinated with this virus, who were subsequently tested with the Board of Health calf lymph, were found to be refractory to routine vaccination. Conversely, individuals previously vaccinated with the Board of Health virus gave negative results on attempted revaccination with Rivers-Ward virus. The only differences between the two viruses, therefore, are apparently quantitative in nature.

In spite of these encouraging results, however, the clinical profession will be reluctant to test the suggested substitution. A more feasible suggestion would be to use the Rivers-Ward vaccine as a preliminary immunizing agent, to be followed in all cases and preferably about a month later by routine calf-lymph inoculation. The predicted probability is that 80 per cent of these revaccinations would not "take." The 20 per cent that did take, presumably would give unusually mild local and systemic reactions.

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AMEBIC DYSENTERY

Wide publicity has been given to an outbreak of amebic dysentery in Chicago, originating presumably in an unusual number of carriers among the food-handling personnel of two hotels. The interest, not to say anxiety, that has been created, and the feverish activity that has resulted in many diagnostic laboratories invite comment on the general question of amebic infections, with especial reference to the possibilities of similar trouble in other communities.

In Chicago amebic cases and amebic carriers were found during August among the food-handling personnel of two certain hotels, in one of which two cases of amebic dysentery had been reported on August 16. It was learned later, in November, that a break in a sewer had occurred on July 2, flooding basements and ice storage rooms. It is apparent, however, that no pollution of the water supply could have occurred at this time, as no cases of diarrhea or dysentery were reported until six weeks later, when two cases of amebic dysentery were found. The theory that amebiasis resulted from the sewer break in July

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Rivers, T. M., and Ward, S. M.: *J. Exper. Med.*, 58:635 (Nov.), 1933.

² Steinhardt, E., Israeli, C., and Lambert, R. A.: *J. Infect. Dis.*, 13:294, 1913.